

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES**  
**2000 PRIMARY AND GENERAL ELECTIONS**

*State of Nevada*

Doug Boozyna Assembly # 25  
Candidate's Name (print) Office District (if applicable)  
905 Robin St., Reno, NV. 89509 772-2949  
Mailing address (include city and zip code) Telephone Number

**REPORT NUMBER 1 - DUE AUGUST 29, 2000**

Report Period **Began:** December 17, 1994, for an office with a six year term  
Report Period **Began:** December 21, 1996, for an office with a four year term  
Report Period **Began:** December 19, 1998, for an office with a two year term

Report Period **Ends:** August 23, 2000

**Cash on hand from previous campaign** (should equal the balance shown on your last disposition of unspent contributions report), if any \$ 0.00

**CONTRIBUTIONS SUMMARY**

1. Total Amount of contributions in excess of \$100	<u>None \$0.</u>
2. Total amount of contributions of \$100 or less	<u>None \$0.</u>
Actual number of contributions of \$100 or less <u>0</u>	
3. Interest and income earned, if any	<u>\$0.</u>
4. <b>TOTAL AMOUNT OF ALL CONTRIBUTIONS</b> (add lines 1 through 3)	<u>\$ 0.00</u>

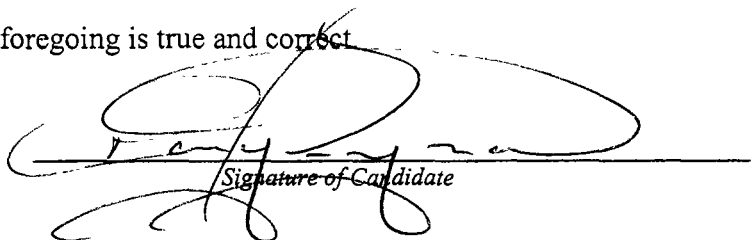
**EXPENSES SUMMARY**

5. Total amount of expenses in excess of \$100	<u>\$0.</u>
6. Total amount of expenses of \$100 or less	<u>\$0.</u>
7. Expense for filing fee	<u>\$ 100.</u>
8. <b>TOTAL AMOUNT OF ALL EXPENSES</b> (add lines 5 through 7)	<u>\$ 100.</u>

**If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.**

I declare under penalty of perjury that the foregoing is true and correct

Executed on 8/29/00  
Date

  
Signature of Candidate

*Candidate's Name (print)**Office**District (if applicable)***Contributions in Excess of \$100 or, When Added Together Exceed of \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK ✓ IF LOAN	CHECK ✓ IF IN KIND

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***Candidate's Name (print)***

Office

District (if applicable)

### Contributions of \$100 or Less

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*Candidate's Name (print)**Office**District (if applicable)***Expenses Categories**

<b>CATEGORIES</b>	<b>CODE</b>	<b>TOTALS</b>
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

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*Candidate's Name (print)**Office**District (if applicable)***Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE

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***Candidate's Name (print)***

Office

District (if applicable)

### Expenses of \$100 or Less

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